



OAKWOOD TOKYO INTERNATIONAL SCHOOL

Attach
Photo

PERSONAL DETAILS:			
	First Name	Middle Name	Family Name
Student's Name:			
Date to enter Oakwood:			
Date of Birth:		Place of Birth:	
Age:		Gender:	M / F
Nationality:		Religion:	
First Language:			
Language(s) spoke at home:			
English Ability	Fluent / Limited / Nil		
Home Phone no:			
Home Address	-----		

Nursery
10 Months-3 Years

Pre-K
3-4 Years

K1
4-5 Years

K2
5-6 Years

Working Parents Support: Yes__ No__

School Lunch: Yes__ No__

Bus Service: Yes__ No__

	M	T	W	T	F
Half-Day = H / Full-Day = F					

SCHOOL HISTORY: Please record the school that your child attended				
School Name	Dates	Grade	Days per week	Country

PARENT`S DETAILS:	
Mother`s Name:	
Citizenship:	
Religion:	
Company Name:	
Profession/ Title	
Business Address	
Mobile Phone:	
E-mail:	

PARENT`S DETAILS:	
Father`s Name:	
Citizenship:	
Religion:	
Company Name:	
Profession/ Title	
Business Address	
Mobile Phone:	
E-mail:	

FAMILY:				
	First Name	Age	School	Gender
Sibling (s)				M / F
				M / F
				M / F

SUPPORTS SERVICES:
<p>Parents must inform the school and provide documentation of any Support Service. This includes all copies of reports and recommendations from any educational, psychological, psychiatric, behavioral or medical support services.</p> <p>If this information is not submitted, Oakwood Tokyo International School reserves the right to withdraw any offers or placements in any/or placements of our programs*</p> <p>*Oakwood Tokyo International School reserves the rights to refuse refunds on any cases or applications based incorrect information or cancellations of any kind.</p> <p>Please tick below ALL of the appropriate programs or services:</p> <p>ESL / EAL <input type="checkbox"/> speech / language therapy <input type="checkbox"/> remedial / learning support <input type="checkbox"/></p> <p>behavioural management <input type="checkbox"/> occupational therapy <input type="checkbox"/> cognitive/academic assessment <input type="checkbox"/></p> <p>psychological counseling <input type="checkbox"/> other <input type="checkbox"/></p> <p>If yes, please provide details below:</p>

HEALTH & MEDICAL DETAILS

Health conditions: (please tick for relevant and 'v' for vaccinated)

heart problems	<input type="checkbox"/>	asthma	<input type="checkbox"/>	epilepsy	<input type="checkbox"/>	diabetes	<input type="checkbox"/>
hepatitis A/B	<input type="checkbox"/>	chicken pox	<input type="checkbox"/>	migraines	<input type="checkbox"/>	seizures	<input type="checkbox"/>
measles	<input type="checkbox"/>	mumps	<input type="checkbox"/>	tetanus	<input type="checkbox"/>	rubella	<input type="checkbox"/>
diphtheria	<input type="checkbox"/>	whooping cough	<input type="checkbox"/>	eczema	<input type="checkbox"/>	dermatitis	<input type="checkbox"/>
emotional problems	<input type="checkbox"/>	hearing problem	<input type="checkbox"/>	sight problem	<input type="checkbox"/>	migraines	<input type="checkbox"/>

Any Allergies: _____

Other Information: _____

I certify that the information given above is correct and all relevant information about the applicant has been provided. I authorize Oakwood Tokyo International School to request further information from teachers when necessary.

Oakwood Tokyo International School provides a safe environment for all students and adheres to a strict Child Protection Policy which all families are required to follow.

Parent Signature

Date: ____/____/____
dd mm yyyy

Print Name